Creating Value, Trust and Quality through Structured Treatment Protocols

Presented by:

Cindy Pezza, PMAC

What are the benefits of **developing and implementing** treatment protocols?

- More comprehensive care
- Increased patient compliance and improved outcome
- Increased staff involvement allowing doctors to move through the day more efficiently
- Increased referrals (happier patients that improve in less time)
- Increased revenue (PVV)

A lack of structured protocols and systems eventually leads to practice wide problems

It is best to begin with your most commonly treated conditions

- Plantar Fasciitis
- Ingrown Toenails
- Fungal Infections of the nails and skin
- Injuries/Sprains/Strains/Fractures
- Warts
- Biomechanical Deficiencies/Flat feet
- **Each protocol should have initial and subsequent visit plans with options – condition worse, better, unchanged**

Treatment Protocols should. . .

Be written in layman's terms (for staff members as they are the bridge between patient and doctor)

Include every part of the encounter (evaluation, treatment, care plan and follow-up visit time frame)

Include a variety of in-office dispensed products and ancillary services

Allow staff members to gain a better understanding of common conditions and the science behind treatment options

Do the comments in your scheduler match the actual reason for visit?

All staff members who schedule appointments should be trained to record pertinent details/comments in the scheduler.

Example: NP, R heel pain x 6 months, has old orthotics/will bring, Cigna, PCP: Dr. Perry, Insurance ID # IC

**If reception staff does not have a clear understanding of commonly treated conditions and your specific treatment plans, your schedule will reflect it.*

These details help to expedite your pre-clinic huddles

It is imperative to have a “game plan” for each clinic day

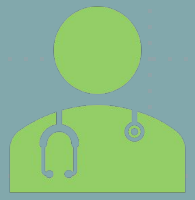
“Going with the flow” doesn’t work (especially now)

Doctors and Staff should “play” like a well practiced TEAM

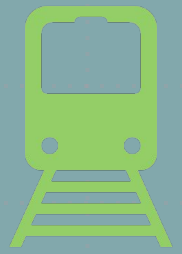
Triage is the first step to improving office flow and carrying out structured treatment protocols

Urgent Non-Urgent Emergent

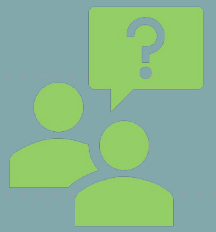
Practice Impact



It is so important to understand the difference in these types of calls in terms of medical necessity both also practice impact

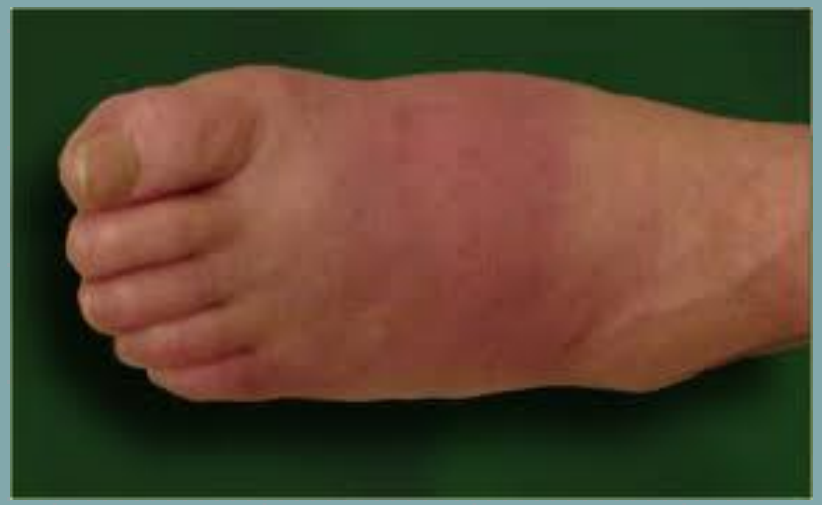


Doctors should take the time to differentiate and train staff, but many do not.

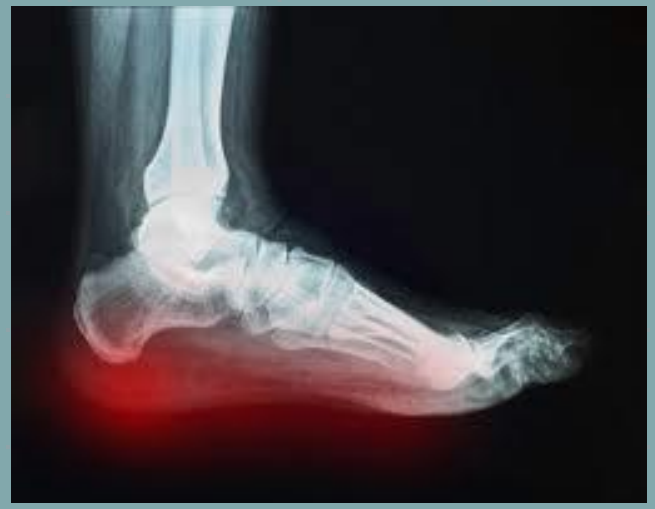


Here we will give examples and explanations of many common scenarios (think about where and when these patients/conditions would be scheduled in your practice)

Diabetic patient with red, hot, swollen foot

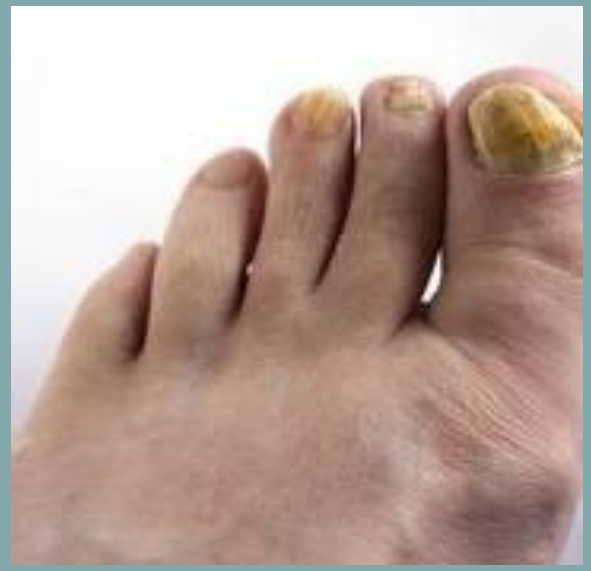


Factory worker jumped out of the back of his truck this morning and heard a “crack.” His heel is extremely painful since. Bruising is visible and increasing.



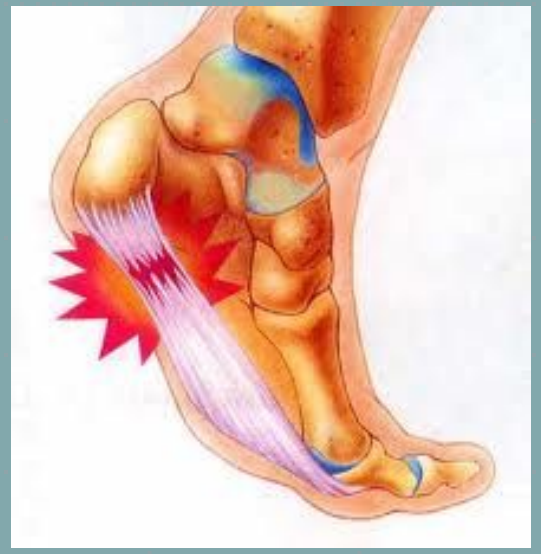
Four-year-old referred by pediatrician for gait analysis. Toes seem to go out when walking and she trips all the time.

Newly diagnosed diabetic was referred by PCP for foot check up, dry skin and brittle nails



Teenage boy with painful, draining, ingrown toenail – just showed his mother today after it worsened to the point of being unable to wear closed shoes

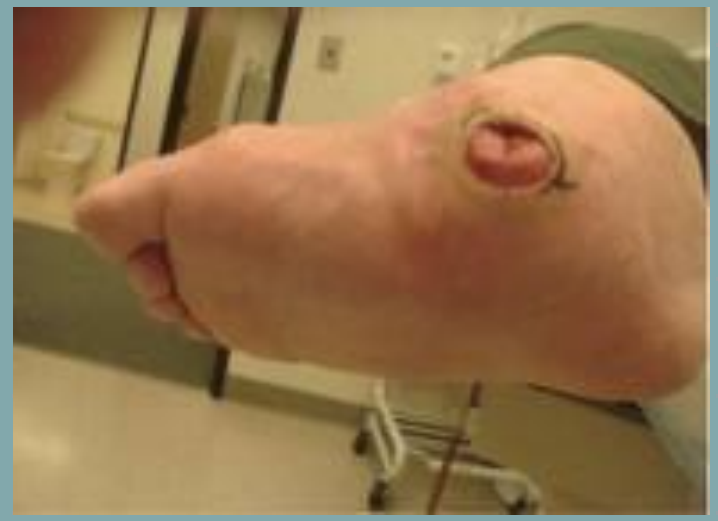
Heel pain for the past 8 months. The pain increased slightly over time and now is so “annoying” that the patient wants to come in today



Borderline diabetic patient famous for “I think I may have an ingrown.” Usually right around the time of leaving for a cruise/vacation or extended visit with family

Patient last seen 4 years ago with history of heel/arch pain, thinks orthotics are starting to wear and causing discomfort when running

Non- compliant diabetic that has “no-showed” for his last three appointments, calls to say that the sore on his foot is now larger and draining more.



A neurologist in the same building as your office, calls to schedule an appointment for a patient with severe neuropathy, balance issues and elongated toenails

If reception staff understands proper triage technique as well as what it involved in the treatment of common conditions;

- They can accommodate patients with emergent or urgent issues as well as those who fall into the practice impact category without ensuing mayhem.

The next step that allows doctors to “do their job” entails thorough training on patient evaluations

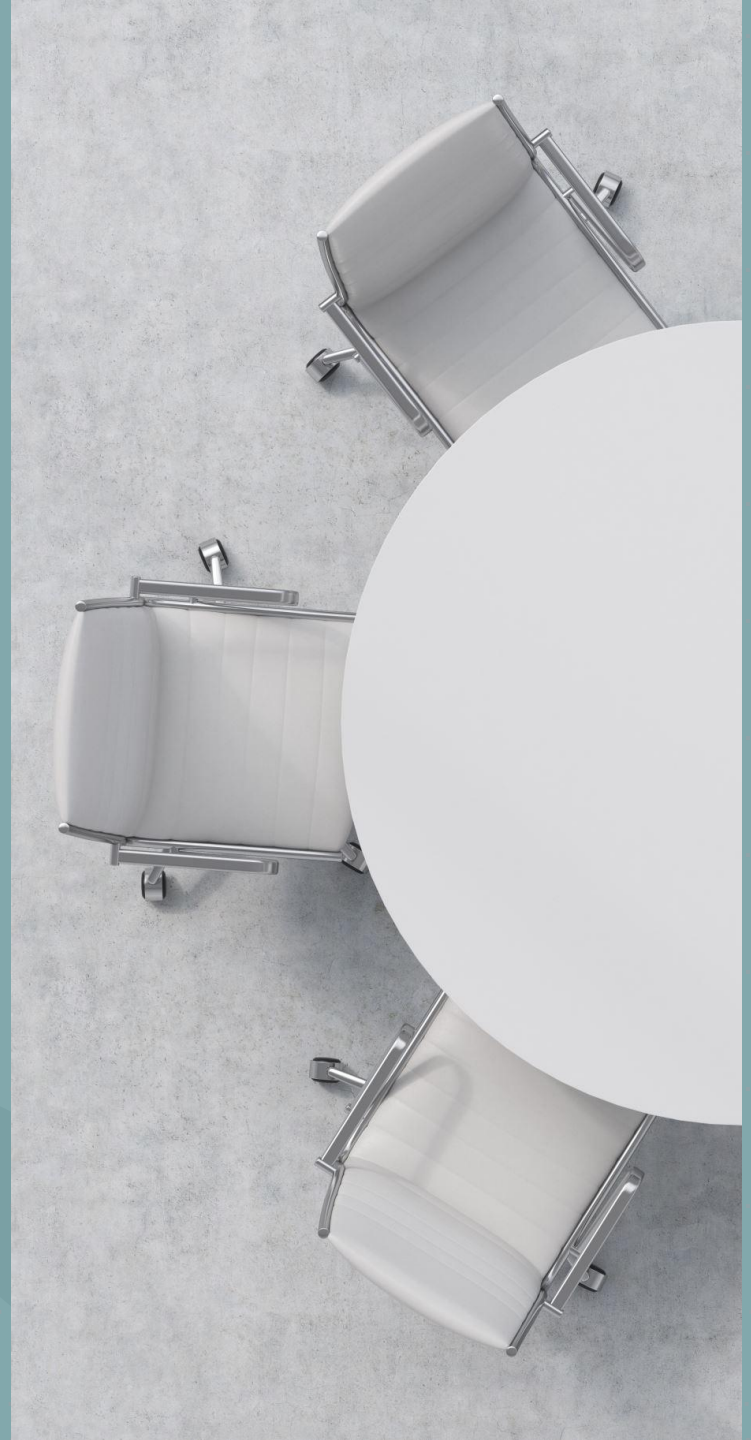
N L D O C A T

Review this with every member of your team and be amazed at the improvement in quality of triage/scheduling and evaluations.

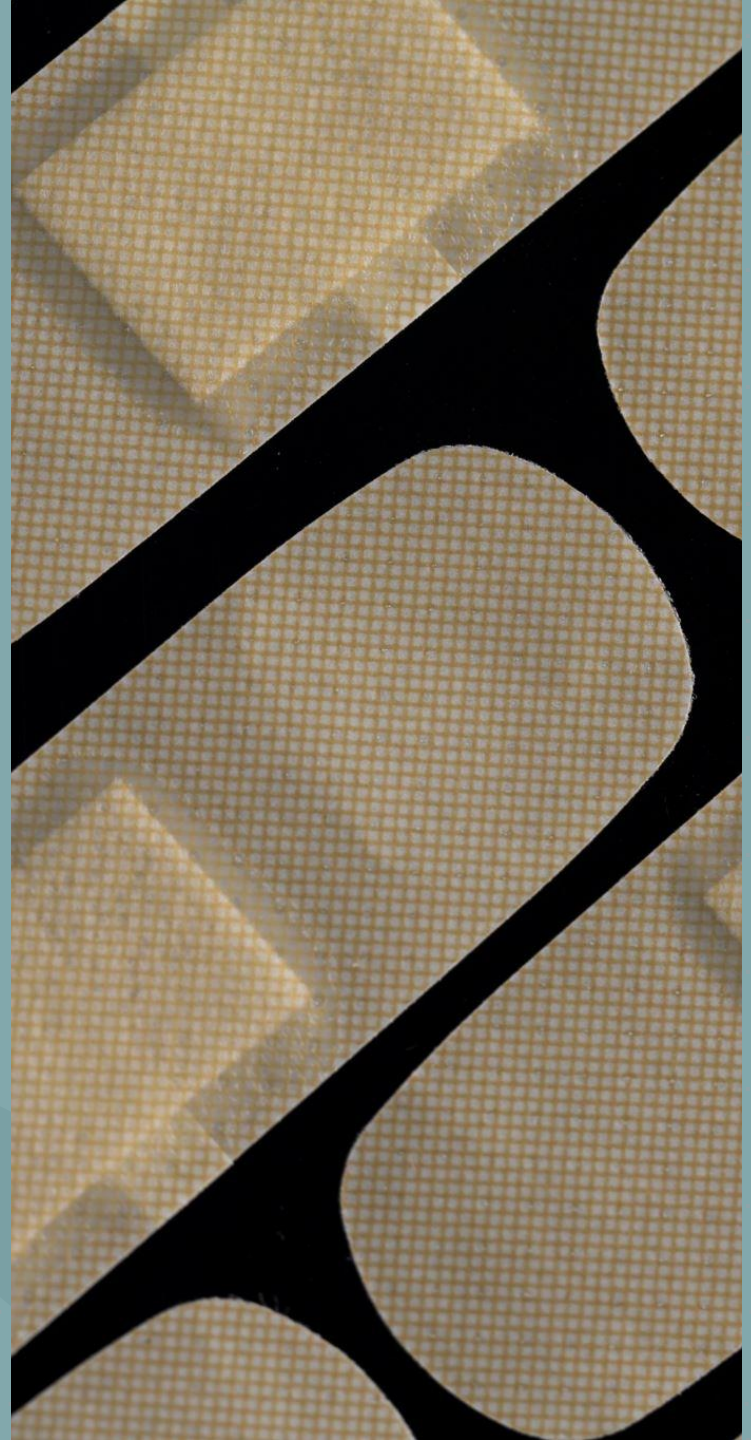
*Role playing is essential in this process (be a difficult patient)

Responsibilities of Well-Trained Staff:

- To find out the true reason for the visit (refocus the “squirrel patients”)
- The most pressing issue(s) if there are multiple
- The history of the problem
- The previous methods of treatment
- The severity of the problem
- To weed out all the completely unrelated “stuff” that patients tell us



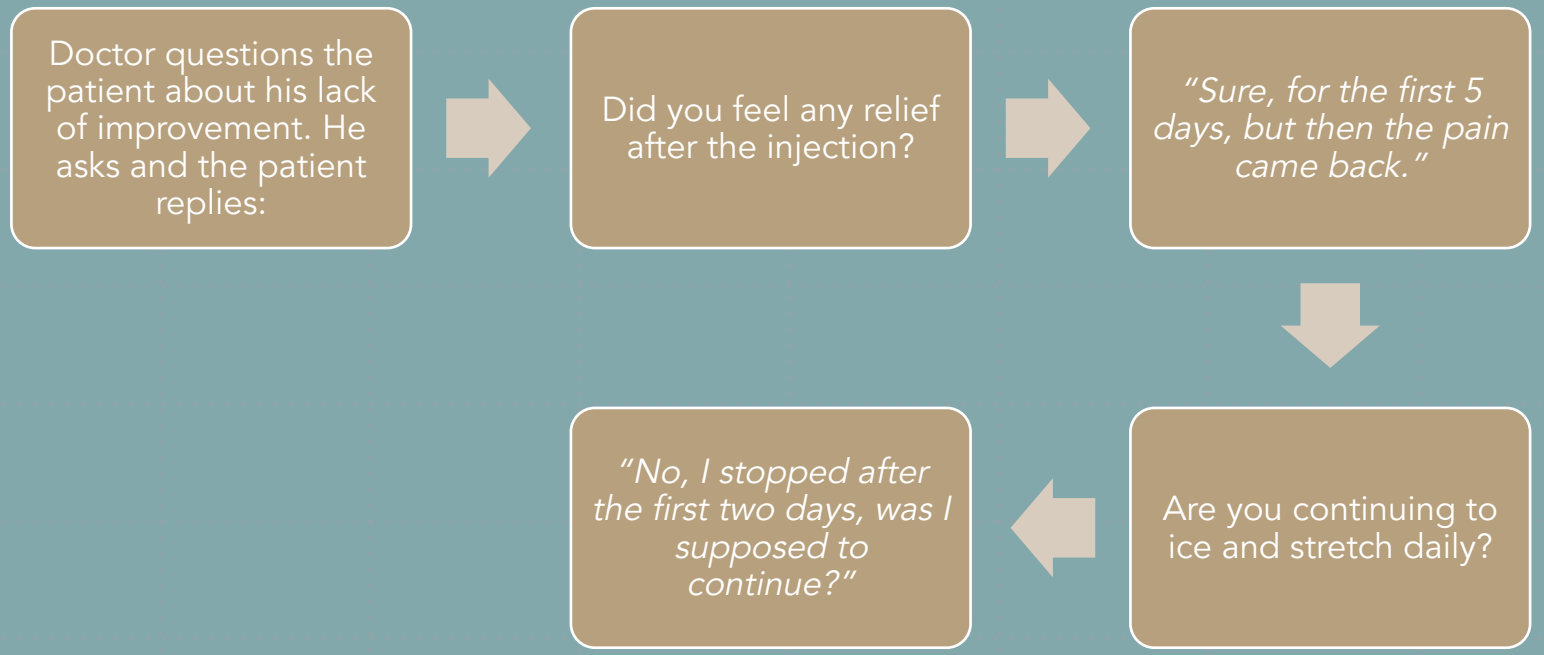
Initial visit evaluation training is not enough!



Here is an example. . .

- Follow up heel pain (it is noted that a cortisone injection was performed at initial visit)
- Assistant documents “Patient presents two weeks after having a cortisone injection in his left heel. He states that he followed the stretching and icing instructions but does not feel any better.”

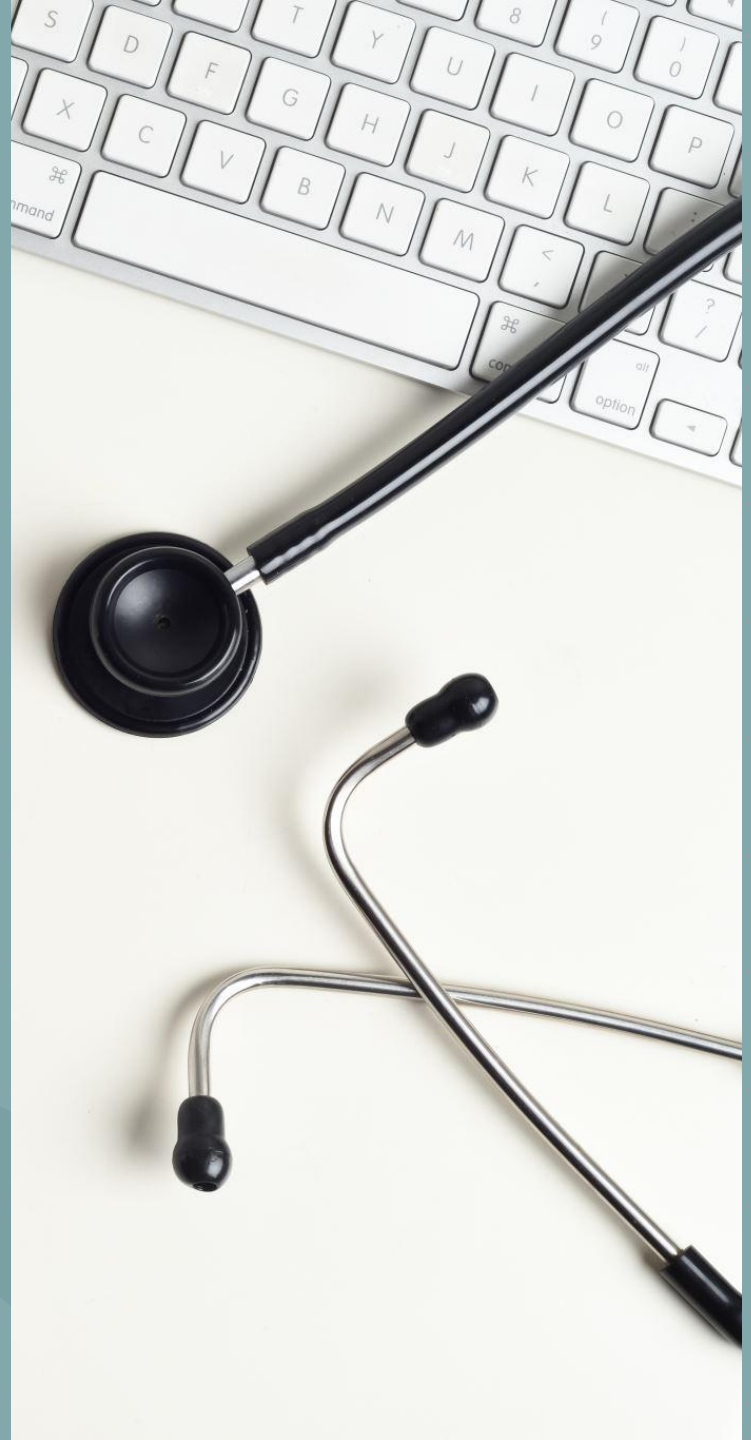
Doctor Enters the Treatment Room



A BIG difference

- After asking these two questions, the doctor was able to change the subjective portion of the chart note to read:

  "Patient presents two weeks after receiving a cortisone injection in his left heel. He states that he did feel relief for 5 days and then the pain returned. He also states that he followed the stretching and icing instructions for 2 days and then stopped.



The Doctor was frustrated

- However, this was not the fault of the assistant

- She was new to the practice and only instructed to read the plan of the last chart note and ask “Are you feeling better since the injection, and did you follow the stretching and icing instructions?
- The doctor never explained how a more thorough evaluation would help him to further develop his treatment plan.

No Matter what the Reason for visit

Keep	Like	Remember
Keep lines of communication open with your staff when it comes to setting and meeting expectations.	Just like they shouldn't expect you (the doctor) to have ESP, you shouldn't expect staff members to read your mind!	Remember, you went to Podiatry School. . . They did not.

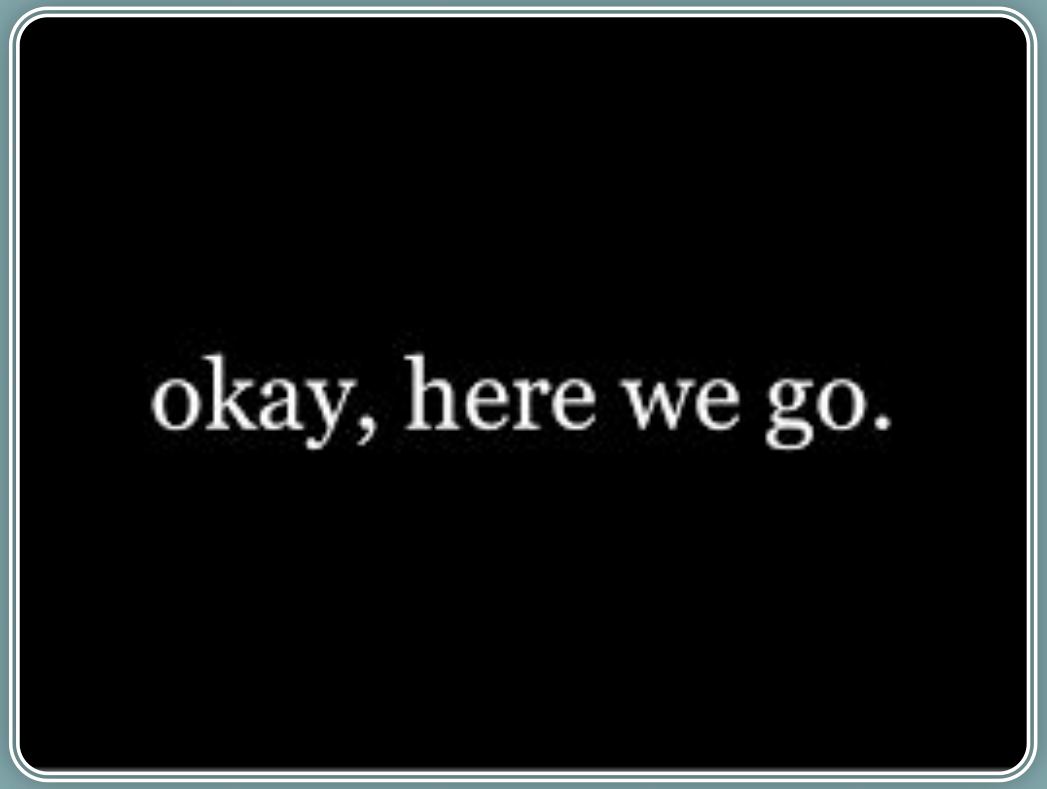
Now let’s review an actual treatment protocol together (heel pain initial visit; classic presention)

REMEMBER TO BE AS DETAILED AS POSSIBLE (YOU WILL SEE WHAT I MEAN)

Start with description of condition and evaluation questions (NLDOCAT and then specific to condition)

Example of Evaluation Add-ons for specific conditions such as heel pain/plantar fasciitis

- Where is the pain (ask patient to point to where the pain is located and if it radiates)?
- How long ago did you notice this pain (days, weeks, months, longer)?
- Describe the pain (aching, burning, throbbing, stabbing, sharp, dull, constant, intermittent)
- Can you recall an injury or change in routine that may have caused this pain (trauma, increased or more strenuous exercise, different or new shoes, etc.)?
- Is your pain at its worst in the morning (upon your first steps) or upon standing after you have been sitting or driving for an extended period?
- What have you tried at home to relieve the pain (icing, stretching, rest, OTC pain relievers or anti-inflammatories)?
- Do you wear or have you ever worn any type of insert in your shoe? Yes/No
- *Do not use verbiage like "orthotics" on the first visit, most patients do not know what an orthotic device is or what it does*
- Have you ever experienced a similar condition in the past?


okay, here we go.

Heel Pain/Plantar Fasciitis Protocol (Initial Visit)

Description of Condition:

The plantar fascia is a ligament that attaches and originates at the insertion of the heel bone (calcaneus) and travels along the bottom (or plantar surface) of the foot towards the toes. When that ligament becomes inflamed and tight, the condition resulting is called "Plantar Fasciitis" or more simply "heel pain." This is one of the most commonly treated conditions in our practice. There are various causes and a careful evaluation will allow us to suggest the best treatment options to help our patients feel better as quickly as possible.

Evaluation Questions:

- ☐ On a scale of 1-10 (10 being the worst), how would you rate your pain?
- ☐ Describe the pain (aching, burning, throbbing, stabbing, sharp, dull, constant, intermittent)
- ☐ Aggravating/relieving factors of the pain?
- ☐ Please point to the area that is the most painful and, if it radiates, the direction in which the pain travels (from heel-arch or vice versa)
- ☐ How long has the pain been present? Days, weeks, months, longer?
- ☐ Have you tried anything at home to get relief (icing, stretching, shoe insert, prescription or OTC anti-inflammatories or pain relievers, changing shoes)?
- ☐ Have you ever experienced a similar condition in the past?
    - o If yes, what was the method of treatment?
- ☐ Do you wear or have you ever worn any type of insert in your shoe (store bought/OTC or custom)?
- ☐ Do you have significant pain either when you first step out of bed in the morning or after you have been sitting for an extended period and get up?
- ☐ Can you recall an injury or change in routine that may have caused this pain (trauma, increased or more strenuous exercise, different or new shoes, etc.)?
    - o Verify if there is a history of any past trauma or surgery
        - ▪ e.g. knee, hip, back, or ankle/foot surgery
    - o Any history of arthritic condition?
- ☐ Are you currently involved with any sports or an athletic activity?
    - o Describe, running, playing tennis, basketball, etc.
    - o If the patient has stopped, question when and was it due to pain
- ☐ Do you have any knee, hip or back pain?

Condition specific and treatment option pamphlets/handouts are prepared by staff/DPM immediately following evaluation

These may include:

- ☐ Plantar fasciitis
- ☐ Stretching Techniques
- ☐ Proper shoe gear
- ☐ Custom Orthotics

Then include the actions post evaluation and who is performing them (DPM or MA)

Actions Post-Evaluation:

- ☐ Take a picture of patient from behind capturing the leg down **including the knee if possible **MA (to be taken prior to doctor entering room)**
  - **This helps to demonstrate the pronated, supinated or neutral position of the feet
- ☐ Evaluation of foot structure and mechanics **DPM**
- ☐ X-rays to check for bone spur or stress fracture **MA**

  **Views of both feet (symptomatic and asymptomatic) may be taken if physical deformity is present on the asymptomatic foot or if patient states history of pain (or similar condition in the past); B/L x-rays taken to assess symmetry however may be deemed as "screening" and payment may be denied
- ☐ Foot x-rays – 2 views

  **To include: AP (anterior-posterior) and lateral/medial oblique
- ☐ Calcaneal x-rays – 2 views

  **To include: Lateral and AP

  **Inform patient that the evidence of a heel spur does not necessarily coincide with their current pain
- ☐ Write order for MRI or other diagnostic exam if condition is severe or injury has been reported **DPM**

  ** Prior Authorization is often required for diagnostic imaging and must be obtained prior to scheduling**
- ☐ Review condition, possible causes, and at-home treatment: **DPM**
  - No barefoot walking
  - ☐ Stretching (using Thera band Foot Roller and/or band, toes to nose, stand on toes and wall push up)
  - ☐ Icing
  - ☐ Not working through pain upon exercise, curbing physical activity
  - ☐ Proper footwear/orthotics (medical grade as stand-alone or as intro to custom)

And now treatment recommendations/options (including staff role in dispensing and instructing) as well as compliance requirements and cash pay notations)

Treatment Options (dispensing)

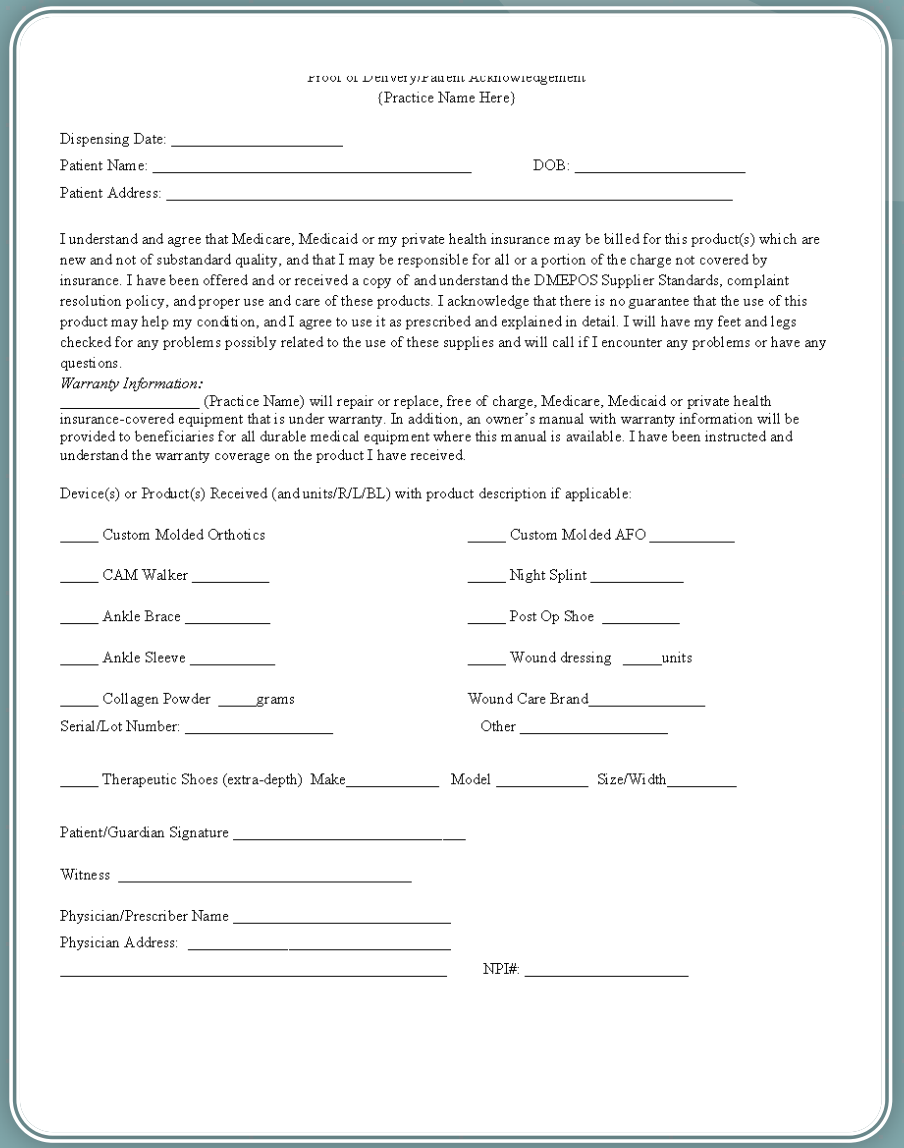
- Discussion of Pulse Wave Therapy (package includes 4 treatments and CBD muscle rub; 5th treatment if necessary is no charge) **SP MA**
- Dispense CBD Muscle Rub **SP MA**
- Dispense gel heel lifts **SP MA**
- Prescribe topical compounded medication** **at DPM discretion**
- Dispense Theraband Foot Roller/Band **SP MA**
- Dispense Medical grade orthotics as transition to custom devices **SP MA**
- Give verbal break in instructions: **MA**
  - Wearing devices 1-2 hours per day initially and increasing wear time gradually until comfort is achieved
  - Remind patient that some fatigue or achiness of the feet or legs is common while the body adjusts to the devices
- Scan for custom orthotics if patient is amendable **MA**
- Discuss the process of scanning for custom orthotics at the next visit **MA**
- Dispense alternate type of support sleeve (example: Reparel sleeve) with instruction for application, use and care ** **SP MA**
- Apply removable Strapping (with 3" Elastoplast and 1/8" felt arch) to take tension off the plantar fascia, if no Air Heel type support is dispensed (Billable 29540) **MA**
- Dispense Dorsal Nightsplint if significant a.m. pain or pain upon standing is reported by patient **L4397** or L4396 (depending on payer) **C MA**

  ** Upon application of Nightsplint, explain to the patient that the purpose of the device is to keep the foot and leg in a slightly dorsiflexed position.
- Dispense CAM walker if pain level is intense or stress fracture is suspected **C MA**
  - **L4361 (pneumatic walker; dispense when swelling is evident)**
  - **L4387 (non-pneumatic walker; for stabilization and offloading; no swelling)**
- Apply soft cast if pain is significant (ranging from 6-10 on the pain scale)** at **DPM discretion**
- Rx for NSAID (if no allergies or contraindications)
  - In some cases, also Rx for tapered steroid (Medrol dose pack)
- Medially performed intra fascial injection (cortisone) if pain is greater than 6 on pain scale (or at DPM discretion)

Use universal abbreviations and have a key to describe

- SP Any costs involved will be discussed with patient prior to dispensing (or ever placing a device in a patient's shoe or on their bare foot). All cash products are to be recorded and paid for at time of check out.
- C DME items (billable items) are dispensed in treatment room and recorded immediately for proper billing. DME acknowledgement (receipt is signed by patient and copied for chart. Patient receives original receipt and is offered 30 Supplier Standards form).

Determine who is responsible for this document and *Treat every patient like a Medicare patient (it makes life easier)



Proof of Delivery/Patient Acknowledgement
(Practice Name Here)

Dispensing Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

I understand and agree that Medicare, Medicaid or my private health insurance may be billed for this product(s) which are new and not of substandard quality, and that I may be responsible for all or a portion of the charge not covered by insurance. I have been offered and or received a copy of and understand the DMEPOS Supplier Standards, complaint resolution policy, and proper use and care of these products. I acknowledge that there is no guarantee that the use of this product may help my condition, and I agree to use it as prescribed and explained in detail. I will have my feet and legs checked for any problems possibly related to the use of these supplies and will call if I encounter any problems or have any questions.

Warranty Information:

_____ (Practice Name) will repair or replace, free of charge, Medicare, Medicaid or private health insurance-covered equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available. I have been instructed and understand the warranty coverage on the product I have received.

Device(s) or Product(s) Received (and units/R/L/BL) with product description if applicable:

_____ Custom Molded Orthotics

_____ Custom Molded AFO _____

_____ CAM Walker _____

_____ Night Splint _____

_____ Ankle Brace _____

_____ Post Op Shoe _____

_____ Ankle Sleeve _____

_____ Wound dressing _____units

_____ Collagen Powder _____grams

Wound Care Brand_____

Serial/Lot Number: _____

Other _____

_____ Therapeutic Shoes (extra-depth) Make_____ Model _____ Size/Width_____

Patient/Guardian Signature _____

Witness _____

Physician/Prescriber Name _____

Physician Address: _____

_____ NPI#: _____

Yes, you just have to offer (and they probably won't want it). . . Post this is plain sight

CMS Medicare DMEPOS 30 Supplier Standards

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare-covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e. the supplier may not sell or allow another entity to use its Medicare billing Number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date – October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

Complete each protocol with follow up care options/return to office and verification/documentation instructions

Patient Check Out:

- ☐ Follow up appointment is made for 1 week for severe pain/trauma (*with follow up comments included)
- ☐ Follow up appointment is made for 2 weeks (*with follow up comments included)
- ☐ Cash products paid for and recorded (notes made if patient does not wish to purchase product or receive DME item)
    - Example: Patient refused nightsplint stating "I won't be able to wear that."
- ☐ All copays have been collected from today's visit
- ☐ Deductibles (if applicable) have been collected
- ☐ Patient phone number is double checked for accuracy
- ☐ Email address is verified and updated if needed
- ☐ Referral information is verified for follow-up visit
- ☐ Patient is asked to provide feedback from their visit (*reviews via Patient Pop)

The devil is in the details!


REMEMBER TO KEEP THESE DETAILS IN MIND WHEN INCORPORATING
DURABLE MEDICAL EQUIPMENT
WITHIN YOUR TREATMENT PROTOCOLS
(BECAUSE YOU SHOULD INCORPORATE DME WHENEVER APPROPRIATE!)

Disclaimer:

Suggested codes are based on publicly available information and are offered as a convenience to physicians. The authors make no claims, promises or guarantees as to the availability of reimbursement for any of the suggested products. It is within the sole discretion of physicians to determine the appropriate billing code for a product as well as whether the use of a product complies with medical necessity and other documentation requirements of the payer. Actual reimbursement may vary and "same or similar" should be checked prior to dispensing (for Medicare)

***Not responsible for typographical errors.

When to use L Codes…
(basic coverage criteria)

- Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4361*, L4387* and L4631 are covered for ambulatory patients with weakness or deformity of the foot and ankle, who require stabilization for medical reasons, and have the potential to benefit functionally.

- *changes in codes; please note that previous codes are still included in the Medicare DME/DMERC Fee-Schedule however these *codes are deemed more appropriate for what and the way these devices are fitted and dispensed in most podiatric practices

Use of L Codes depicting custom Devices *check same or similar and have ABN signed if required*

- AFOs that are custom-fabricated are covered for ambulatory patients when the basic coverage criteria listed and one of the following criteria are met:

  The patient could not be fit with a prefabricated AFO, or

- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), or

- There is a need to control the knee, ankle or foot in more than one plane, or

- The patient has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, or

- The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

Commonly used Prefabricated AFO Categories/DME HCPCS Codes

L2999	Non covered
L1902	AFO, Gauntlet style
L1906	AFO, Multiligamentous
L4387*	AFO, Non-pneumatic walking
L4397* splint	AFO, Plantarfascia night
L4361*	AFO, Pneumatic below knee
L1971	AFO, With ankle joint
L4350	AFO, Ankle control orthotics
L1932	AFO, Dynamic
L1951	AFO, Spiral, plastic, other

Ankle Sprain ~ Grade 1
Visit One

Figure 8 Ankle Brace
Suggested Code: L1902

Ankle Sprain ~ Grades 2 & 3
Initial Visit




Tall Air/Pneumatic Walkers

Suggested Code: L4361

Ankle Sprain ~ Grade 2 & 3
Follow up visit, 2 - 6 weeks

Healing Well

Figure 8 Ankle Brace

Suggested Code:
L1902

Web Ankle

Suggested Code:
L1902

Delayed Healing

Suggested Code:
L1971*

Ankle Instability
Initial Visit

Mild

Figure 8 Ankle Brace
Suggested Code: L1902

Moderate

Ossur Rebound
Hinged Ankle Brace

Suggested Code:
L1906

In our heel pain protocol we include dispensing of a Nightsplint (L4397). Here is the Criteria…

An L4397 (Static or dynamic positioning ankle-foot orthosis) is covered if either all of criteria 1 - 4 or criterion 5 is met:

1. Plantar flexion contracture of the ankle with dorsi-flexion on passive range of motion testing of at least 10 degrees (i.e., a non-fixed contracture); ***and***

2. Reasonable expectation of the ability to correct the contracture; ***and***

3. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; ***and***

4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; ***or***

5. The patient has plantar fasciitis

*********– Device Must be adjustable********

http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11517

Posterior Tibialis Tendonitis
Mild ~ Initial Visit

Customized medical grade insert
Suggested Code: L2999
Patient Pays

Suggested Code: L1902

Posterior Tibialis Tendonitis
Moderate ~ Initial Visit

Suggested Code: L1906* (NOT L1971)
PDAC

Posterior Tibial Tendonitis
Severe ~ Initial Visit

Tall Pneumatic Walkers
Suggested Code: L4361

Posterior Tibial Tendonitis
Subsequent Visit

Less Severe

PTTD Brace
Suggested Code: L1902

More Severe

L1906 *PDAC

L1971*PDAC and additional documentation

Pediatric Fracture - Initial Visit

Pediatric Walker

Wee Walker

XP Walker

Pneumatic Walker, Pediatric or XS Adult Size

Suggested Code: L4361

Pediatric Fracture
Follow up visit, 7 - 9 weeks

Air Stirrup, pediatric size
Suggested Code: L4350

Peroneal Tendonitis
Initial Visit

Mild to Moderate

Figure 8 Ankle Brace
Suggested Code: L1902

Peroneal Tendonitis ~ Severe
Initial Visit

Low Top Air Walker

High Top Air Walker

SP Walker

Suggested Code: L1971

Pneumatic Walkers

Suggested Code: L4361

Peroneal Tendonitis Subsequent Visit

Severe

Figure 8 Ankle Brace
(ease of use is important for compliance)
Suggested Code: L1902

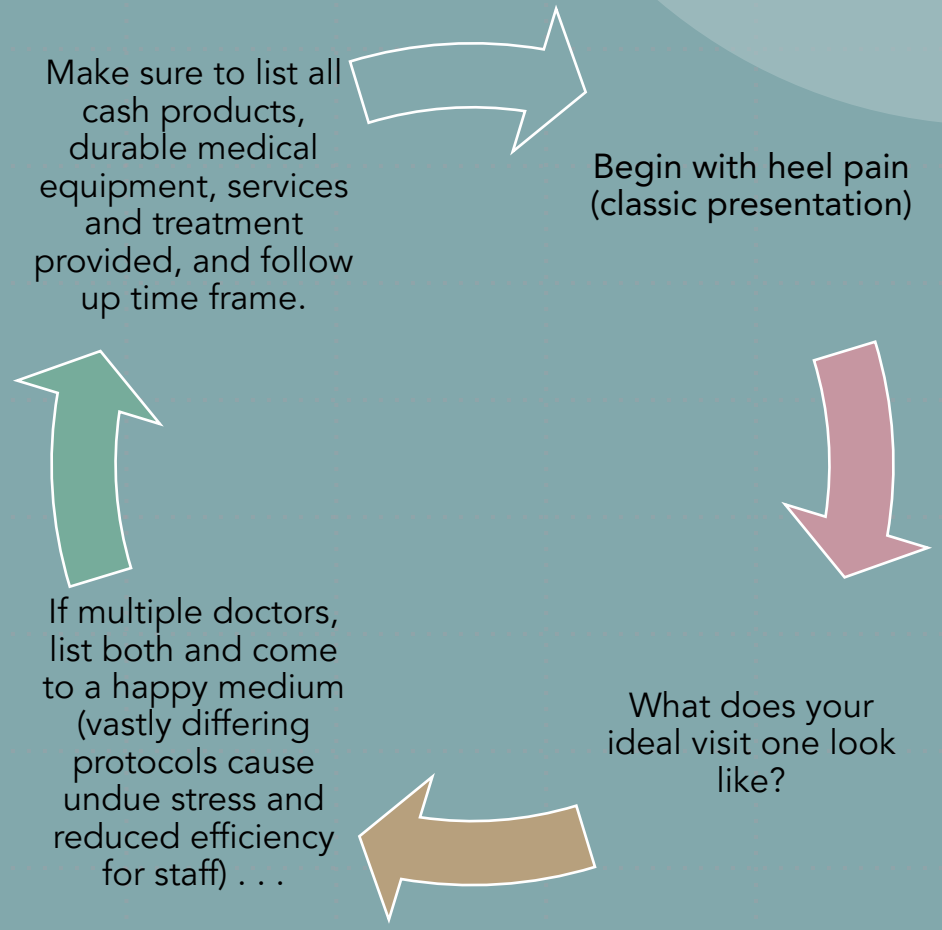
Metatarsal Fracture
Initial visit

Non-Pneumatic
Low Top Walker
Suggested Code: L4387

Metatarsal Fracture
Follow up visit

Customized Medical Grade Orthotic
Suggested Code: L2999
Patient pays

Your turn


Begin with heel pain (classic presentation)
What does your ideal visit one look like?
If multiple doctors, list both and come to a happy medium (vastly differing protocols cause undue stress and reduced efficiency for staff) . . .
Make sure to list all cash products, durable medical equipment, services and treatment provided, and follow up time frame.

It might be time for an update

Even if you have treatment protocols in place, consider what else could be incorporated to speed patient recovery time, increase compliance and improve the financial health of your practice.

Also check to see if more recently acquired ancillary services or newly incorporated cash products need to be included

Thank you for joining me!